



State of Utah Department of Workforce Services
Discrimination Complaint Information Form

1. Complainant Information: Print your Name and Address:

Your Telephone Number(s) including area codes:
Home _____ Work _____
Social Security Number: _____
(Disclosure of Social Security Number is voluntary)

2. Respondent Information: Provide Name and Address of Agency involved

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

Date of first occurrence Date of most recent occurrence

5. Have you ever attempted to resolve this complaint at the Federal Level? (Civil Rights Center, Washington DC.)
☐ Yes ☐ No
Have you been provided with a final decision at the Federal level regarding your complaint?
☐ Yes ☐ No

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

7. To the best of your knowledge, which of the following DWS Programs were involved? (Check one).

- ☐ Child Care
☐ Employment Exchange
☐ Financial Assistance
☐ Food Stamps
☐ Welfare to Work ☐ Medical
☐ Workforce Investment Act (WIA)
☐ Other _____

8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against. Check all that apply:

- ☐ Race: Specify _____
☐ Color: Specify _____
☐ Religion: Specify _____
☐ National Origin: Specify _____
☐ Sex ☐ Male ☐ Female
☐ Age: Date of Birth _____
☐ Disability
☐ Political Affiliation: Specify _____

☐ Citizenship: Specify _____

☐ Reprisal/Retaliation
☐ Other: Specify _____

9. Do you think the discrimination against you involved: (Check one)

- ☐ Your job or seeking employment? Or
☐ Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

- ☐ Discharge/Termination ☐ Hiring
☐ Promotion ☐ Application
☐ Training ☐ Enrollment
☐ Transfer ☐ Referral
☐ Qualification/Testing ☐ Exclusion
☐ Grievance Procedure ☐ Placement
☐ Layoff/Furlough ☐ Benefits
☐ Recall ☐ Transition
☐ Seniority ☐ Performance
☐ Intimidation/Reprisal Appraisal
☐ Harassment ☐ Discipline
☐ Access/Accommodation ☐ Wages
☐ Union Activity ☐ Other _____
☐ Union Representation _____

For DWS use ONLY	<input type="radio"/> Accepted
DCIF Received	<input type="radio"/> Not Accepted
By: _____	Case Number: _____
Date: _____	_____

10. Why do you believe these events occurred?

11. What other information do you think is relevant to our investigation?

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

13. Please list below any persons (witnesses, fellow employees, supervisors or others) that we may contact for additional information to support or clarify your complaint:

Name	Address	Telephone Number

SIGNED (Complaint NOT valid unless signed) DATE

Please Note: Filing a discrimination complaint with the Department of Workforce Services does not protect your legal rights regarding other employment discrimination laws. You may file a separate employment discrimination complaint with the Utah Labor Commission at (801) 530-6801 or 1-800-222-1238. A complaint must be filed with the Utah Labor Commission within 180 days from the date of the alleged violation.

14. Do you have an attorney?

☐ Yes ☐ No

If yes, please provide Name. Address and Telephone Number:

15. Have you filed a case or complaint with any of the following?

☐ Civil Rights Division, U.S. Dept. of Justice

☐ U.S. Equal Employment Opportunity Commission

☐ Federal or State Court

☐ Your State or local Human Relations/Rights Commission

16. For each item checked in #15 above, please provide the following information:

Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of Agency or court: _____

Name of Investigator: _____

Status of case: _____

Comments: _____

Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of Agency or Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

State of Utah Department of Workforce Services

Notice About Investigatory Uses of Personal Information

Two Federal Laws govern personal information submitted to Federal agencies, including the Civil Rights Center (CRC) and agencies receiving Federal funding, such as the Department of Workforce Services (DWS; the Privacy Act of 1974 (5 U.S.C. 552), and the Freedom of Information Act (5 U.S.C. 552), or "FOIA." Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign, date, and return the consent agreement attached to this notice, along with your complaint form.

The Privacy Act protects individuals from misuse of personal information held by the Federal Government and its agents as noted above. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification systems. Anyone who submits information to the Department of Workforce Services (DWS) in connection with a discrimination complaint should know the following:

- * DWS has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap, and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. DWS is also authorized to conduct reviews of its Federally funded programs to assess their compliance with civil rights laws.
- * Information that DWS collects is analyzed by authorized personnel within DWS. This information may include personnel or program participant records, and other personal information. DWS staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help DWS to determine whether the law has been violated. Such information could include, for example, the physical condition or age of the complainant. DWS may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- * Information submitted to DWS may also be revealed to personnel outside of DWS because it is necessary in order to complete enforcement proceedings against a person(s) or organization that DWS finds to have violated the law or regulations. Such information could include, for example, the name, income, age, marital status, or physical condition of the complainant.
- * Any personal information you provide may be used only for the specific purpose for which it was requested. DWS requests personal information only for the purpose of carrying out authorized activities to enforce and determine compliance with civil rights laws and regulations. DWS will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- * No law requires that a complainant reveal personal information to DWS and no action will be taken against a person who denies DWS request for personal information. However, if DWS cannot obtain the information needed to fully investigate the allegations in the complaint, DWS may close the case.
- * Any person may ask for, and receive copies of all personal materials, DWS' EO Officer keeps in his or her file for investigatory use.

AS A POLICY, DWS DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS, UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PERSON(S) OR ORGANIZATION WHO HAS VIOLATED THE LAW.

The Freedom of Information Act (FOIA) gives the public maximum access to Federal Government files and records. Persons may request and receive information from many types of records kept by the Government - not just materials that apply to them personally. DWS must honor most requests for information submitted under FOIA, but there are exceptions:

- * DWS is generally not required to release information during an investigation or an enforcement proceeding if that release would limit DWS' ability to do its job effectively; and
- * DWS can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO DWS WITH YOUR SIGNED, COMPLETED COMPLAINT FORM.

Consent Form

I have read the Notice About Investigatory Uses of Personal Information, attached to the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Department of Workforce Services (DWS), in connection with my complaint:

In the course of investigating my complaint, DWS may have to reveal my identity to staff of the program, named in my complaint in order to obtain facts and evidence regarding my complaint;

I may request and receive a copy of any personal information DWS keeps in my complaint file for investigatory uses, and;

Under certain conditions, DWS may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

9 SECTION A

Yes, DWS may disclose my identity if necessary to investigate my complaint. I have read and understand the notice and I consent for DWS to process my complaint.

Name (please print)

Signature

Date

9 SECTION B

No, DWS may not disclose my identity, even if necessary to process my complaint. I have read and understand the notice, and I do not consent for DWS to disclose my identity during investigation of my complaint. I request that DWS process my complaint, however, I understand that DWS may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that DWS may close my complaint if it cannot begin an investigation because I have not consented for DWS to reveal my identity.

Name (please print)

Signature

Date